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03/14/2011 7590 22428 FOLEY AND LARDNER LLP SUITE 500 3000 K STREET NW WASHINGTON, DC 20007



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(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/641,866	08/18/2000	Charles E. Bernasconi	087354-0108	7547

TITLE OF INVENTION: INTERNET-BASED DISPATCHING SYSTEM

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755-\$151	0 \$0	\$0	\$755-\$151	0 06/14/2011	
EXAMINER ART U		ART UNIT	CLASS-SUBCLASS	94/91/2911	HVUONG2 00000005	507//	
RAPILLO,	KRISTINE K	3626	705-009000			190741 09641866	
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 			•	atent front page, list	1510.00 DA	Lardner LLP	
			or agents OR, alternatively,				
"Fee Address" in	dication (or "Fee Address 02 or more recent) attach	" Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME	AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	ne)	· · · · · · · · · · · · · · · · · · ·		
PLEASE NOTE: Un recordation as set for	nless an assignee is ident th in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the part of the part o	atent. If an assignee is i	dentified below, the docu	iment has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTER PTO did not receive the follow							
Frontli	ne Technolog	gies, Inc.	Exton, PA	list	ted Item(s) ue	dit card	
Please check the approp	riate assignee category or	categories (will not be pr	inted on the patent):	Individual 🛭 Corporat	ion or other private group	entity Government	
4a. The following fee(s)	are submitted:	41	o. Payment of Fee(s): (Plea	se first reapply any pre	viously paid issue fee sh	own above)	
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Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0741 (enclose an extra copy of this form).				
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a. Applicant clair	ns SMALL ENTITY state	us. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
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